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TO: _____

FROM: FAY ZHENGXING

FAX: 2025624429

TEL: 2025624429

COMMENT: URGENT

PAGE 1/5 * RCVD AT 7/11/2005 9:28:39 AM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/0 * DNIS:8729306 * CSID:2025624429 * DURATION (mm-ss):01-20

JUL 11 2005

To: Examiner John Pak at (Phone: 571-272-0620; Fax: 703-872-9306)

From: Dr. Faye Zhengxing (Phone: 202-562-4429; Cell Phone: 917-536-7983)

Address: 20 Chesapeake Street, SE, Apt. 33,
Washington, DC 20032

Re: Application/Control Number 10/681,103

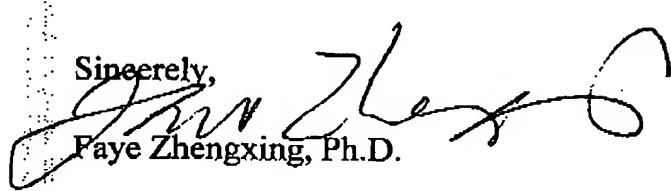
Date: 7/11/05

Dear Examiner Pak:

Thank you so much for advising us on the amendment of our application to meet the restriction requirement. While I am taking care of other requirements, I am faxing to you the 2-page amended version of our claim for your comment.

I will be most grateful if you could review this amended version and call me to express your opinion. I will submit our amended application as soon as possible to meet the deadline.

Sincerely,


Faye Zhengxing, Ph.D.

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